Image# 28990608688 03/18/2008 15:30

REPORT OF BY AN AUTHORIZE 1. NAME OF COMMITTE	ED COMMIT				OF PRESIDEN	1 / 45 T OR VICE-PRESIDENT
COX 2008 COMMIT	, ,					
ADDRESS (number and	d etreet)				•	
Post Office Box 535		Check if differ	ent than previou	isly reported	2. IDENTIFICAT	TION NUMBER
					C0042022	24
CITY, STATE, and ZIP			22222		3. IS THIS REP	ORT FOR :
Buffalo Grove	IL.		60089		☐ Primary	General
4. TYPE OF RE	EPORT (Check here if t	his is a Termina	' /		
April 15 Quarterly Re	port			Monthly Report Due	_	о Полло
July 15 Quarterly Rep	port			February 20 March 20	☐ June 2	
				April 20	Augus	=
October 15 Quarterly	Report			May 20		mber 20
January 31 Year End	Report			Twelfth day report po	receding	(Type of Election)
				election on		in the State of
				Thirtieth day report f	ollowing the Gener	ral Election on
				on		_
IS THIS REPORT AN AI	MENDMENT	YES	X NO			
5. COVERING PERIOD				FROM 02/01/2008		THROUGH 02/29/2008
SUMMARY		HAND AT BEGINN NG PERIOD	IING OF THE			2472.89
		CEIPTS THIS PER 22, Column A, Pag				449.94
	8. SUBTOTAL (Lines 6 and	d 7)				2922.83
		BURSEMENTS TI 30, Column A, Pag				574.19
	(Subtract Li	HAND AT CLOSE ine 9 from 8)				2348.64
	(Itemize All	ID OBLIGATIONS on Schedule C-P o	or Schedule D-P	")		0.00
		ND OBLIGATIONS on Schedule C-P o				1055000.00
		TURES SUBJECT		N		-64924805.38
NET ELECTION CYCLE- TO-DATE CONTRIBUTIONS AND	(Subtract Li	TRIBUTIONS (Oth ine 28d, Column B	from 17e, Colur	mn B, Page 2)		22167.51
EXPENDITURES	(Subtract Li	RATING EXPENDI ine 20a, Colummn	B from 23, Colu			1051591.36
I certify that I have exam	•	ort and to the bes	st of my knowle	edge and belief it is to	rue, correct, and	complete.
Type or Print Name of Tre Claremont Ruf						Date 03/18/2008
Signature of Treasurer						
NOTE: Submission of fall All previous versions of F		•		, ,	this Report to the p	penalties of 2 U.S.C. §437g.
For further information	contact:	Federal Election (999 E Street, N.V Washington, DC	٧.	Toll Free 800-424 Local 202-694-11		FEC FORM 3P (01/2001)

COX 2008 COMMITTEE INC		Report Covering the Period	-
		From: 02/01/2008	To: 02/29/2008
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)		0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees		0.00	22167.51
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees		0.00	0.00
(d) The Candidate		0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c)), 17(d))	0.00	22167.51
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate		0.00	1055000.00
(b) Other Loans		0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))		0.00	1055000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):			
(a) Operating		449.94	5357.30
(b) Fundraising		0.00	0.00
(c) Legal and Accounting		0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 2	20(b) and 20(c))	449.94	5357.30
21. OTHER RECEIPTS (Dividend, Interest, etc.)		0.00	500.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)		449.94	1083024.81
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES		574.19	1056948.66
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		0.00	0.00
25. FUNDRAISING DISBURSEMENTS		0.00	23603.26
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS		0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate		0.00	0.00
(b) Other Repayments		0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees		0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))		0.00	0.00
29. OTHER DISBURSEMENTS		0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)		574.19	1080551.92
III. CONTRIBUTED ITEMS (Stock, Art Ob	ojects, etc.)		

ALLOCATION OF PRIMARY EXPENDITURE (Used Only by Primary Committees Receiving of (PAGE 3, FEC FORM 3P)		3 / 45
1. NAME OF COMMITTEE (in full)		
COX 2008 COMMITTEE INC		
ADDRESS (number and street)		
Post Office Box 5353		
CITY, STATE, and ZIP CODE	2. IDENTIFICATION NUMBER	
Buffalo Grove II 60089	C00420224	

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	1000.00	New Hampshire	0.00	44271.05
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	12.60	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	12.60
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	12.60	North Dakota	0.00	0.00
District of Columbia	0.00	1095.59	Ohio	0.00	0.00
Florida	0.00	12.60	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	40.00	Rhode Island	0.00	0.00
Illinois	0.00	2969.72	South Carolina	0.00	104362.90
Indiana	0.00	0.00	South Dakota	0.00	0.00
lowa	0.00	101182.84	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	1012.60	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	100.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	256085.10

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 4 / 45 (check only one) 16 17a 17b 17c 17d 18 19a 19b X 20a 20b 20c 21
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC			
Full Name (Last, First, Middle Initial) Qwest Mailing Address Post Office Box 91154 City	State	Zip Code	Date of Receipt O 2 D 0 8 D 0 8 D 0 8
Seattle FEC ID number of contributing federal political committee.	WA	98111	Amount of Each Receipt this Period 449.94
Name of Employer	Occupation	n	Deposit refund
Receipt For: 2008 X Primary General Other (specify)	Election C	Cycle-to-Date ▼ 449.94	Transaction ID: SA20A.7171

SUBTOTAL of Receipts This Page (optional)	•	449.94
TOTAL This Period (last page this line number only)	•	449.94

A.

В.

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

FOR LINE NUMBER: PAGE 5/45 Use separate schedule(s) (check only one) for each category of the 23 24 25 27a **Detailed Summary Page** 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Transaction ID: SB23.7164 Date of Disbursement 0 4 0 2 2008 State Zip Code Amount of Each Disbursement this Period TX 78249

Kimberly McClendon Mailing Address 14500 Roadrunner Way #401 City San Antonio 375.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type Office Sought: Disbursement For: House General Senate Primary χ President Other (specify) State: District: 02 Full Name (Last, First, Middle Initial) Transaction ID: SB23.7165 Kimberly McClendon Date of Disbursement 0 4 0 2 2008 Mailing Address 14500 Roadrunner Way #401 City State Zip Code Amount of Each Disbursement this Period 78249 San Antonio TX -12.00Purpose of Disbursement Wire fee 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) District: 02 State:

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	36	3.00
TOTAL This Period (last page this line number only)	•	36	3.00

FE1AN060.PDF

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OANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b			
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4100			
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General			
Mailing Address 55 East Erie	Other (specify)			
City Chicago State IL ZIP Co	ode 60611			
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period			
25000.00	0.00 25000.00			
TERMS Date Incurred Date Due	Interest Rate Secured:			
M M M D D D 2 0 0 6 12/31/08	5.1 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)	. 00			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	nedule D, carry forward to appropriate line of Summary.			

PAGE 7 / 45 Use separate schedule(s)

OANS	for each category of the Detailed Summary Page	7 FOR LINE NUMBER: (check only one) X 19a 19b		
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	action ID: SC/12.4101		
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		Election: X Primary General		
Mailing Address 55 East Erie		Other (specify)		
City Chicago State IL ZIP Cod	le 60611			
Original Amount of Loan Cumulative Payment To	Date Balance	e Outstanding at Close of This Period		
15000.00	0.00	15000.00		
TERMS Date Incurred Date Due	Interest R	ate Secured:		
0 3 D D 2 0 0 6 12/31/08		5.1 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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OANS	for each category of the Detailed Summary Pag			
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Tra	nsaction ID: SC/12.4429		
LOAN SOURCE Full Name (Last, First, Middle Initial)	ıra	Election:		
John H. Cox		X Primary General		
Mailing Address 55 East Erie		Other (specify)		
City Chicago State IL ZIP Cod	e 60611			
Original Amount of Loan Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period		
10000.00	0.00	10000.00		
TERMS Date Incurred Date Due	Interest	Rate Secured:		
M M M D D D 2 0 0 6 12/31/2008		5.1 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount	0 0 0 0 0 0		
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)	>	.00		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b		
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.4432		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:		
John H. Cox		X Primary General		
Mailing Address 55 East Erie		Other (specify)		
City Chicago State IL ZIP Cod	le 60611			
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period		
20000.00	0.00	20000.00		
TERMS Date Incurred Date Due	Interest F	Rate Secured:		
0 5 D D D 2 0 0 6 12/31/2008		5.1 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City Ctata 7ID Code	Amount Guaranteed			
City State ZIP Code	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)		.00		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b		
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.4433		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:		
John H. Cox		X Primary General		
Mailing Address 55 East Erie		Other (specify)		
City Chicago State IL ZIP Cod	le 60611			
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period		
20000.00	0.00	20000.00		
Date Incurred Date Due	Interest F	Rate Secured:		
05 D D 2 0 0 6 12/31/08		5.1 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
212.0	Amount Guaranteed			
City State ZIP Code	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)	>	.00		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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LOANS	for each category of the Detailed Summary Page	(check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Troppos	postion ID: SC/12 4434
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox Mailing Address 55 East Erie	E	action ID: SC/12.4434 Election: X Primary General Other (specify)
City Chicago State IL ZIP Cod	le 60611	
Original Amount of Loan Cumulative Payment To	Date Balance	e Outstanding at Close of This Period
20000.00	0.00	20000.00
Date Incurred Date Due	Interest Ra	ate Secured:
0 5 D D 2 0 0 6 12/31/08	5	% (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	* * * * * * * *
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	•	20000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, for this line is no schedule D.		priate line of Summary.

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OANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4435
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP C	ode 60611
Original Amount of Loan Cumulative Payment	Fo Date Balance Outstanding at Close of This Period
15000.00	0.00 15000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M M D D D 2 0 0 6 12/31/08	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	15000.00
TOTALS This Period (last page in this line only)	. 00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sc	hedule D, carry forward to appropriate line of Summary.

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LOANS	for	e separate schedule each category of the stailed Summary Pac	e FOR LINE	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		_	·· ID 00/46	. 4457
LOAN SOURCE Full Name (Last, First, Middle Initial)		Tra	nsaction ID: SC/12	2.445/
John H. Cox			X Primary General	
Mailing Address 55 East Erie			Other (specify	y) ▼
City Chicago State IL	ZIP Code	60611		
Original Amount of Loan Cumulative	e Payment To Date	Bala	ance Outstanding at 0	Close of This Period
10000.00		0.00		10000.00
TERMS Date Incurred [Date Due	Interest	t Rate	Secured:
M M D D D Y Y Y Y Y 12/31/08	Date Due	Interest	5.1 % (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name	e of Employer		
Mailing Address	Occu	pation		
	Amou	ınt		
City State ZIP Code	0	anteed anding:		
Full Name (Last, First, Middle Initial)	Name	e of Employer		
Mailing Address	Occu	pation		
City State ZIP Code	-	anteed canding:	0 0 0 0	0 0 0
Full Name (Last, First, Middle Initial)		e of Employer		
Mailing Address	Occu	pation		
City State ZIP Code	•	anteed anding:		
Full Name (Last, First, Middle Initial)	Name	e of Employer		
Mailing Address	Occu	pation		
City State ZIP Code	-	anteed anding:		
SUBTOTALS This Period This Page (optional)				10000.00
TOTALS This Period (last page in this line only)				.00
Carry outstanding balance only to LINE 3. Schedule D. for this i	line. If no Schedule D	carry forward to an	propriate line of Sum	nmarv.

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OANS	for each category of the Check only one FOR LINE NUMBER: Detailed Summary Page
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Transaction ID: SC/12.4456 Election: X Primary General
Mailing Address 55 East Erie	☐ Other (specify) ▼
City Chicago State IL	ZIP Code 60611
Original Amount of Loan Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
15000.00	0.00 15000.00
TERMS Date Incurred Date	Due Interest Rate Secured:
0 7 D D 2 8 2 0 0 6 12/31/08	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	15000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. I	if no Schedule D, carry forward to appropriate line of Summary.

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LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4458
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP C	Code 60611
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
15000.00	0.00 15000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D D D 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	15000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sc	chedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one) X 19a

LOANS	Detailed Summary Page	ge (check only one) X 19a
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		135
	Tra	nsaction ID: SC/12.4459
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		Election: X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Co	de 60611	
Original Amount of Loan Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period
15000.00	0.00	15000.00
TERMS Date Incurred Date Due	Interes	t Rate Secured:
0 8 D D 2 0 0 6 12/31/08		5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		15000.00
TOTALS This Period (last page in this line only)	>	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to ap	propriate line of Summary.

PAGE 17 / 45 Use separate schedule(s) for each category of the

FOR LINE NUMBER:

LOANS	Detailed Summary Page	(check only one)	X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		1	1 1 190
		tion ID: SC/12.4460	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	EI	ection: Primary General	
Mailing Address 55 East Erie		Other (specify)	
City Chicago State IL ZIP Coc	le 60611		
Original Amount of Loan Cumulative Payment To	Date Balance 6	Outstanding at Close of TI	nis Period
20000.00	0.00	20000.	00
TERMS Date Incurred Date Due	Interest Rate	e Secure	ed:
0 9 1 3 2 0 0 6 12/31/08	5.1	% (apr)	es X No
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		_
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		_
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		_
City State ZIP Code	Guaranteed Outstanding:		
		2000	0.00
SUBTOTALS This Period This Page (optional)		2000	
TOTALS This Period (last page in this line only)	······		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to approp	riate line of Summary.	

SCHEDULE C (FEC Form 3P) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LIN

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FOR LINE NUMBER: (check only one)

LOANS	Detailed Summary Page (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Transaction ID: SC/12.4461 Election: X Primary General
Mailing Address 55 East Erie	☐ Other (specify) ▼
, 0	ZIP Code 60611
Original Amount of Loan Cumulative Paym	nent To Date Balance Outstanding at Close of This Period
30000.00	0.00 30000.00
TERMS Date Incurred Date D	rue Interest Rate Secured:
0 9 2 0 0 6 12/31/08	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	30000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forward to appropriate line of Summary.

PAGE 19 / 45 Use separate schedule(s)

LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.4462
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coo	le 60611	
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period
25000.00	0.00	25000.00
Date Incurred Date Due	Interest F	Rate Secured:
0 9 D D 2 8 D 2 0 0 6 12/31/08		5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
Only State 211 South	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	<u>•</u>	25000.00
TOTALS This Period (last page in this line only)	>	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to appr	ropriate line of Summary.

PAGE 20 / 45 Use separate schedule(s)

LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4782	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox Mailing Address 55 East Erie	Election: X Primary General Other (specify)	
00 200, 2110		
City Chicago State IL ZIP Co Original Amount of Loan Cumulative Payment To		 t
50000.00	0.00 50000.00]
TERMS Date Incurred Date Due	Interest Rate Secured:	_
10 12 2006 12/31/08	5.1 % (apr) Yes X N	0
List All Endorsers or Guarantors (if any) to Loan Source		_
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	_
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	_
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	_
Mailing Address	Occupation	_
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)]
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	nedule D, carry forward to appropriate line of Summary.	

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NAME OF COMMITTEE INC COX 2008 COMMITTEE INC Transaction ID: SC/12.4783	LOANS	for each category of the Detailed Summary Page	
Continued Cont		Tran	saction ID: SC/12 4783
John H. Cox Mailing Address 55 East Erie	LOAN SOURCE Full Name (Last, First, Middle Initial)	11011	
City Chicago State II. ZIP Code 60611 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 20000.00 TERMS Date Incurred Date Due Interest Rate Secured: 10 20 10 10 26 20 20 10 10 10 26 20 20 10 10 10 10 20 10 10 20 10 1			X Primary
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 20000.00 Date Due Interest Rate Secured: 10 2 0 2 0 0 6 2 0 0 0 0	Mailing Address 55 East Erie		Other (specify)
TERMS Date Incurred Date Due Interest Rate Secured: 10	City Chicago State IL ZIP Coc	de 60611	
TERMS Date Incurred Date Due Interest Rate Secured: 1 0			-
Date Incurred Date Due Interest Rate Secured:		0.00	20000.00
List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Substanding: Substanding: Substanding: Substanding: Substanding: Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Substanding: Substanding: Occupation Amount Guaranteed Outstanding: Occupation	Date Incurred Date Due	Interest F	Rate Secured:
Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Mailing Address Occupation Mailing Address Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Substotals This Period This Page (optional) TOTALS This Period (last page in this line only)			5.1 % (apr) Yes X No
Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Mailing Address Occupation Mailing Address Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Substotals This Period This Page (optional) TOTALS This Period (last page in this line only)	List All Endorsers or Guarantors (if any) to Loan Source		
City State ZIP Code Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Substanding: Substandi		Name of Employer	
City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: Substantial State Sip Code Substanding: Substantia	Mailing Address	Occupation	
Outstanding: Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Gity State ZIP Code Quaranteed Outstanding: Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Substotals This Period This Page (optional) TOTALS This Period (last page in this line only)		Amount	
Mailing Address City State ZIP Code Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)	City State ZIP Code		
City State ZIP Code Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)	Full Name (Last, First, Middle Initial)	Name of Employer	
City State ZIP Code Quaranteed Outstanding: Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Substantial State ZIP Code Substantial State Substantial	Mailing Address		
Mailing Address City State ZIP Code Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Mailing Address Occupation Name of Employer Amount Guaranteed Outstanding: City State ZIP Code Substanting: Substanting: Substanting: 20000.00 TOTALS This Period (last page in this line only)	City State ZIP Code	Guaranteed	
City State ZIP Code Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Substantial State Stat	Full Name (Last, First, Middle Initial)	Name of Employer	
City State ZIP Code Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) Date of Employer TOTALS This Period (last page in this line only)	Mailing Address	Occupation	
Outstanding: Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) Outstanding: 20000.00	City State ZIP Code		
Mailing Address City State ZIP Code Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) .00	,	Outstanding:	
City State ZIP Code Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) Amount Guaranteed Outstanding: 20000.00	Full Name (Last, First, Middle Initial)	Name of Employer	
City State ZIP Code Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) 20000.00	Mailing Address	Occupation	
TOTALS This Period (last page in this line only) .00	City State ZIP Code	Guaranteed	
TOTALS THIS FORCE (hast page in this line only)	SUBTOTALS This Period This Page (optional)	<u> </u>	20000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	TOTALS This Period (last page in this line only)	>	.00

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LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4784	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	\dashv
John H. Cox	X Primary General	
Mailing Address 55 East Erie	Other (specify)	
City Chicago State IL ZIP Coo	de 60611	
Original Amount of Loan Cumulative Payment To		
20000.00	0.00 20000.00	1
TERMS Date Incurred Date Due	Interest Rate Secured:	
1 1 D D D 2 0 0 6 12/31/08	5.1 % (apr) Yes X No)
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
, ,	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City Code	Amount Guaranteed	
City State ZIP Code	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	_
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
	20000.00	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appropriate line of Summary.	

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LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4785	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General	
Mailing Address 55 East Erie	Other (specify)	
City Chicago State IL ZIP	P Code 60611	
Original Amount of Loan Cumulative Paymen	nt To Date Balance Outstanding at Close of This Period	
10000.00	0.00 10000.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
M M D D D 2006 12/31/08	5.1 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)	.00	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	Schedule D, carry forward to appropriate line of Summary.	

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LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4786
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	☐ Other (specify) ▼
City Chicago State IL ZIP Co Original Amount of Loan Cumulative Payment To	
50000.00	0.00 Salarice Outstanding at Close of This Period
TERMS Date Incurred Date Due	Interest Rate Secured:
1 2 D D D 2 0 6 12/31/08	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	nedule D, carry forward to appropriate line of Summary.

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LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4787	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General	
Mailing Address 55 East Erie	Other (specify)	
City Chicago State IL ZIP C	Code 60611	
Original Amount of Loan Cumulative Payment 1	To Date Balance Outstanding at Close of This Period	
50000.00	0.00 50000.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
M M D D D D 2 2 0 0 6 12/31/08	5.1 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
	Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)	.00	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sc	hedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one) X 19a

LOANS	Detailed Summary Page (check only one) X 19a	
NAME OF COMMITTEE (In Full)		
COX 2008 COMMITTEE INC	Transaction ID: SC/12.5197	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox Mailing Address 55 East Erie	Election: X Primary General Other (specify)	
City Chicago State IL ZIP Code	de 60611	
Original Amount of Loan Cumulative Payment To I	Date Balance Outstanding at Close of This Period	
50000.00	0.00 50000.00	
TERMS Date Incurred Date Due M M M O D D O O O O O O O O O O O O O O	Interest Rate Secured: 5.10 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D	dule D, carry forward to appropriate line of Summary.	

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OANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transc	action ID: SC/12.5198
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coc	de 60611	
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Peri		e Outstanding at Close of This Period
40000.00	0.00	40000.00
TERMS Date Incurred Date Due	Interest Ra	ate Secured:
0 1 D D 2 0 0 7 12/31/2008	5	5.10 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	* * * * * * * *
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		
carry outstanding parance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appro	priate line of Summary.

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LOANS	for each category of the Detailed Summary Page	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Tra	Insaction ID: SC/12.5199
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	110	Election: X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coo	de 60611	
Original Amount of Loan Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period
50000.00	0.00	50000.00
TERMS Date Incurred Date Due	Interes	t Rate Secured:
0 1 D D 2 9 2 0 0 7 12/31/2008		5.10 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
CURTOTAL C. This Devied This Deep (antional)	. 「	50000.00
SUBTOTALS This Period This Page (optional)		.00
		annomiate line of Commercial
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	equie D, carry forward to ap	propriate line of Summary.

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OANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.5200
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP C	ode 60611
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period
20000.00	0.00 20000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M M D D D 2 0 0 7 Y Y Y 12/31/08	5.10 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	20000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sci	hedule D, carry forward to appropriate line of Summary.

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LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.5201
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP (Code 60611
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
30000.00	0.00 30000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D D 2 2 0 0 7 12/31/08	5.10 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Oily State Lit Good	Outstanding:
SUBTOTALS This Period This Page (optional)	30000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no S	chedule D, carry forward to appropriate line of Summary.

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LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.5202
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox Mailing Address 55 East Erie	Election: X Primary General Other (specify) \
City Chicago State IL ZIP C	Code 60611
Original Amount of Loan Cumulative Payment	
50000.00	0.00 50000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
0 3 D D D 2 0 0 7 12/31/08	5.10 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Science 10 and 10	chedule D, carry forward to appropriate line of Summary.

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LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.5203
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coo	de 60611	
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period
50000.00	0.00	50000.00
Date Incurred Date Due	Interest F	Rate Secured:
0 3 1 4 2 0 0 7 12/31/08		5.10 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

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LOANS	for each category of the Detailed Summary Pag	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Tran	nsaction ID: SC/12.5574
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	ITAI	Election: X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coc	de 60611	
Original Amount of Loan Cumulative Payment To	Date Balar	nce Outstanding at Close of This Period
25000.00	0.00	25000.00
TERMS Date Incurred Date Due	Interest	Rate Secured:
0 4 D D D 2 0 0 7 12/31/08		0/00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
Oily State Zii Gode	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
Oily State 211 Gode	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
0'1	Amount Guaranteed	0 0 0 0 0 0
City State ZIP Code	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		25000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to app	propriate line of Summary.
. ,	, , upp	

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LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.5575	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General	
Mailing Address 55 East Erie	Other (specify)	
, ,	ZIP Code 60611	
Original Amount of Loan Cumulative Payr	ment To Date Balance Outstanding at Close of This Period	
15000.00	0.00 15000.00	
Date Incurred Date I	Due Interest Rate Secured:	
0 4 1 5 2 0 0 7 12/31/08	0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.	

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LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	eaction ID: SC/12.5576
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:
		X Primary
John H. Cox		General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coc	de 60611	
Original Amount of Loan Cumulative Payment To	Date Balanc	ce Outstanding at Close of This Period
50000.00	0.00	50000.00
TERMS		
Date Incurred Date Due	Interest R	ate Secured:
0 2 2 0 0 7 12/31/08		0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
		5000000
SUBTOTALS This Period This Page (optional)	<u></u>	50000.00
TOTALS This Period (last page in this line only))	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appr	opriate line of Summary.

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LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.5577
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP	Code 60611
Original Amount of Loan Cumulative Payment	t To Date Balance Outstanding at Close of This Period
25000.00	0.00 25000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D D D D D D D D D D D D D D D D D	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	25000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no S	Schedule D, carry forward to appropriate line of Summary.

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OANS	for each catego Detailed Summa		FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		Transacti	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		Elec	on ID: SC/12.5578 stion: Primary General
Mailing Address 55 East Erie			Other (specify)
City Chicago State IL ZIP Co	ode 60611		
Original Amount of Loan Cumulative Payment To	o Date	Balance O	utstanding at Close of This Period
25000.00	0.00		25000.00
TERMS Date Incurred Date Due	ı	nterest Rate	Secured:
M M M D D D Y Y Y Y Y 12/31/08		0	% (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:	0 0 0	
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	>		25000.00
TOTALS This Period (last page in this line only)	•		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	nedule D, carry forwar	d to appropria	ate line of Summary.

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LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.5579
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coc	de 60611	
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period
25000.00	0.00	25000.00
Date Incurred Date Due	Interest F	Rate Secured:
0 6 D D D 2 0 0 7 Y Y Y Y Y 12/31/08		0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional))	25000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D. carry forward to app	ropriate line of Summarv.
The state of the s	to upp	

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LOANS	for each category of the Detailed Summary Page	/ FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	action ID: SC/12.5580
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Cod	le 60611	
Original Amount of Loan Cumulative Payment To		e Outstanding at Close of This Period
25000.00	0.00	25000.00
Date Incurred Date Due	Interest R	ate Secured:
0 6 3 0 2 0 0 7 12/31/08		0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
City State ZIP Code	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount Guaranteed	
City State ZIP Code	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
		25000.00
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to appro	opriate line of Summary.

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OANS	for each catego Detailed Summ		FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		Transacti	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		Elec	on ID: SC/12.6136 etion: Primary General
Mailing Address 55 East Erie			Other (specify)
City Chicago State IL ZIP Coo	de 60611		
Original Amount of Loan Cumulative Payment To	Date	Balance O	utstanding at Close of This Period
30000.00	0.00		30000.00
TERMS Date Incurred Date Due		Interest Rate	Secured:
M M D D D D 2007 Y Y Y Y Y Y 12/31/08		0	% (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employe	r	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employe	r	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employe	r	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employe	r	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	>	0 0	30000.00
TOTALS This Period (last page in this line only))		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forwa	rd to appropri	ate line of Summary.

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LOANS	for each category of the Detailed Summary Pag	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Tran	nsaction ID: SC/12.6137
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	ITA	Election: X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Cod	e 60611	
Original Amount of Loan Cumulative Payment To	Date Balar	nce Outstanding at Close of This Period
25000.00	0.00	25000.00
TERMS Date Incurred Date Due	Interest	Rate Secured:
M M D D D 2 D 2 0 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
·	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	<u>•</u>	25000.00
TOTALS This Period (last page in this line only))	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, for this line.	dule D, carry forward to app	propriate line of Summary.

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LOANS		for each category of the Detailed Summary Pa	ne FOR LINE NUMBER:
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		Tri	ansaction ID: SC/12.6138
LOAN SOURCE Full Name (Last, First, Middle Initial John H. Cox	J)		Election: X Primary General
Mailing Address 55 East Erie			Other (specify)
City Chicago State	IL ZIP Code	60611	
Original Amount of Loan Cumu	ulative Payment To Da	ate Bal	ance Outstanding at Close of This Period
25000.00		0.00	25000.00
TERMS Date Incurred	Date Due	Interes	t Rate Secured:
M M D D D 2 0 0 7 12/31/08	ş		0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	e		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIP	Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIP	Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	ı	Name of Employer	
Mailing Address	C	Occupation	
•	Code C	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address	- 0	Occupation	
	1	Amount	
City State ZIP	Oddo	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			25000.00
TOTALS This Period (last page in this line only))	.00
Carry outstanding balance only to LINE 3, Schedule D, for	this line. If no Schedu	ıle D, carry forward to a	opropriate line of Summary.

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LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.6139
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox Mailing Address 55 East Erie	Election: X Primary General Other (specify)
00 200 200	
City Chicago State IL ZIP C Original Amount of Loan Cumulative Payment T	
10000.00	0.00 10000.00
Date Incurred Date Due	Interest Rate Secured:
0 9 2 0 0 7 12/31/08	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sci	hedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one) X 19a

LOANS		Detailed Summary Pa		v one) X 19a	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		_		0.7000	
LOAN SOURCE Full Name (Last, First, Middle Initial John H. Cox	l)	Tra	nsaction ID: SC/1 Election: X Primary General	2.7036	
Mailing Address 55 East Erie			Other (speci	fy) 🔻	
City Chicago State		60611			_
Original Amount of Loan Cum	ulative Payment To Date	e Bal	nce Outstanding at	Close of This Period	_
20000.00		0.00		20000.00	
Date Incurred	Date Due	Interes	Rate	Secured:	_
12/31/08			0 % (apr)	Yes X No	2
List All Endorsers or Guarantors (if any) to Loan Source					_
Full Name (Last, First, Middle Initial)		ame of Employer			
Mailing Address	Oc	ccupation			
		mount			
City State ZIF	0000	uaranteed utstanding:			
Full Name (Last, First, Middle Initial)	Na	ame of Employer			
Mailing Address	Oc	ccupation			
	_	mount			
City State ZIF		uaranteed utstanding:			
Full Name (Last, First, Middle Initial)	Na	ame of Employer			
Mailing Address	Od	ccupation			
		mount			
City State ZIF	0000	uaranteed utstanding:			
Full Name (Last, First, Middle Initial)	Na	ame of Employer			
Mailing Address	Oc	ccupation			
	An	mount			_
City State ZIF	Oddo	uaranteed utstanding:			
				00000 00	1
SUBTOTALS This Period This Page (optional)				.00	1
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3. Schedule D. for	this line. If no Schedule	D. carry forward to a	propriate line of Sur	mmarv.	

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FOR LINE NUMBER:

LUANS	Detailed Summary Page	(check only one) X 19a 19b
NAME OF COMMITTEE (In Full)		1 1.02
COX 2008 COMMITTEE INC	_	·· ID 00/40 7007
LOAN SOURCE Full Name (Last, First, Middle Initial)		action ID: SC/12.7037 Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coc	le 60611	
Original Amount of Loan Cumulative Payment To	Date Balanc	e Outstanding at Close of This Period
10000.00	0.00	10000.00
TERMS Date Incurred Date Due	Interest R	ate Secured:
1 1 D D D 2 0 0 7 12/31/08		0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	>	10000.00
TOTALS This Period (last page in this line only)		1055000.00
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Sche	dule D. carry forward to appro	opriate line of Summary.